

Mother's name _____

Mother's MRN _____

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Antepartum Consultation:
Infants at Risk for Neonatal Abstinence Syndrome

Date _____

Referring Obstetrician _____

Pediatrician _____

Pregnancy complicated by neonatal exposure to (check all that apply):

Methadone

Other Opiates/Narcotics, including prescription (please specify): _____

Buprenorphine(subutex)/Buprenorphine & Nalaxone (suboxone)

Cannabinoids

Heroin

SSRIs

Cocaine

Other (please specify): _____

Additional information on maternal history:

Prenatal History (e.g. fetal survey, other complications):

Attendees at meeting (include family members and clinicians):

The following issues were discussed at the prenatal meeting:

Observation and Monitoring for Withdrawal:

Post-delivery baby can/should room-in with the mother

Newborn Observation in NBN (if infant term and without any concerns)

after maternal discharge

Signs of NAS

NAS Scoring

This form is meant to be a tool for clinicians and not part of the medical record. A formal note should be entered into the online medical record (OMR) as per protocol. Please use the proper confidential recycling approach to dispose of this form.

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____ Length of Observation Period (5-7 days methadone/buprenorphine, 3-5 other opiates)

Feeding

____ Breastfeeding

Management of Infants with Withdrawal

____ Provider Team (Pediatrician, Neonatologist, NP, OT, PT, Social Work, Lactation)

____ Non-Pharmacologic Treatment (rooming in, swaddling, skin to skin, quiet room)

____ Cuddler Program

____ Pharmacologic Treatment (meds, escalating/weaning protocol, starting/stopping)

____ Filing 51A and DCF, **possible** involvement of Dept. of Children and Families

Potential Dispositions

____ Possible need for NICU admission

____ Spending time with infant in the hospital after maternal discharge

____ Potential transfer to pediatric rehabilitation facility

Follow-up

____ Early Intervention, VNA

____ Pediatrician

Patient received information packet with the following information:

- Newborn Withdrawal: Information for Parents
- Breastfeeding Information Sheet
- NAS Scoring Sheet
- Developmental Care Support for Infants with Newborn Withdrawal Handout

Comments:

Total Visit Time = _____

Attending Counseling Time=_____

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